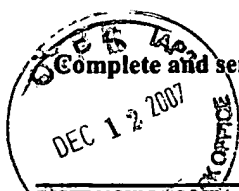


## PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE  
 Commissioner for Patents  
 P.O. Box 1450  
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**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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24247 7590 09/25/2007

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01 FC:1501 1440.00 DP  
 02 FC:1504 300.00 DP  
 03 FC:8001 15.00 DP

## NOTICE OF EXPRESS MAILING

Express Mail Mailing Label Number: EV962542068US

Date of Deposit with USPS: December 12, 2007

Person making Deposit: Drew Greenhalgh

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/500,913	11/29/2004	Weikert Hendrikus Van Gilst	2578-6485US	7130

TITLE OF INVENTION: USE OF ERYTHROPOIETIN FOR THE PREVENTIVE OR CURATIVE TREATMENT OF CARDIAC FAILURE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300			

EXAMINER	ART UNIT	CLASS-SUBCLASS
MONDESI, ROBERT B	1652	514-012000

The PTO did not receive the following listed item(s) a check \$1015 but Received a \$1755

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 TraskBritt

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE  
 Cruceell Holland B.V.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)  
 Leiden, The Netherlands

Stichting Klinische Farmacologie Groningen Groningen, The Netherlands

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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- ☐ A check is enclosed.  
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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 20-1469 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature Allen C. Turner

Date December 12, 2007

Typed or printed name Allen C. Turner

Registration No. 33,041

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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THE PATENT & TRADEMARK OFFICE MAILROOM DATE  
STAMPED HEREON IS AN ACKNOWLEDGEMENT THAT ON THIS  
DATE THE PATENT & TRADEMARK OFFICE RECEIVED:

Part B - Fee(s) Transmittal (1 page, in duplicate); Check No. 23870 in the  
amount of \$1,755.00

Invention: USE OF ERYTHROPOIETIN FOR THE  
PREVENTIVE OR CURATIVE TREATMENT OF  
CARDIAC FAILURE  
Applicant(s): Van Gilst et al.  
Filing Date: November 29, 2004  
Serial No.: 10/500,913  
Date Sent: December 12, 2007 via Express Mail Label No.  
EV962542068US  
Docket No.: 2578-6485US

ACT/bv

